

should equalize the severity of enforcement, regardless of race.

5. Role of the correctional system. If criminal socialization in correctional settings perpetuates educational underachievement and opportunities for illegal activities among inmates or rechannels them into the secondary labor market, then rehabilitation that increases educational skills, expands legitimate opportunities, and offers meaningful postprison jobs should be developed.

These research and intervention propositions are consistent with recent policy statements by ADAMHA. Some research projects partially support the basic propositions, but the following additional studies should provide the basis for intervention activities.

1. Clarify the impact of experience with the dual labor market on destructive stress coping among a national sample of black males between the ages of 14 and 24 years. Using data from the National Survey of Black Americans, this study should include multivariate analyses of the operation of differential opportunity, economic status, family networks, and educational experiences as both mediators and buffers against unemployment-related distress.

2. Document the effects of plant closings and layoffs on destructive stress coping of black males in areas like Detroit. Show how community mental health agencies must intervene through demonstrations.

3. A longitudinal research program could be initiated in a juvenile correctional setting to clarify the role of employment-related factors on (a) the occurrence of violent delinquent crimes, (b) the effectiveness in juvenile rehabilitation, and (c) repeat violent offenses. Data collected from records and a sample survey could provide a unique insight into the role of employment and related antecedents in the occurrence of violent juvenile crimes, with a particular focus on black-on-black homicide. Experimental groups receiving structured employment-related experiences could be compared with control groups to examine the effects of such experiences on measures of adjustment, especially assaultive behavior. Finally, youths placed in meaningful jobs through a post-release program could be compared with control groups to investigate the effects of such employment on repeat violent offenses. Such a research-action "demonstration" would be particularly timely, since a significant portion of the black-on-black homicide in the future will involve repeat offenders whose contacts with juvenile "rehabilitation" facilities have not been fruitful.

ADAMHA needs to approach all its functions—whether related to prevention, services, demonstrations, or research—with a full understanding of how black-on-black homicide is exacerbated by destructive ways of coping with stress and by drug abuse, educational failure, family pressures, and illegal limitations on employment opportunity. Besides trying to reduce the role of these psychological and social agents in black-on-black homicide through direct services, the agency needs to give high priority to advocacy and research. For example, ADAMHA should collaborate with other Federal agencies such as the Department of Labor to reduce the

stressful employment-related conditions that nourish assaultive behavior and homicidal violence in black communities. Also, although scattered research projects have pointed up the role that conditions in the labor market play in black-on-black homicide, preventive measures will become effective only when they are mounted on the firmer knowledge that additional studies can provide.

Reference

1. Montaga, P. O.: Occupations and society: toward a sociology of the labor market. John Wiley & Sons, Inc., New York, 1977.

Social Costs to Families and Communities

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Homicidal violence can be viewed as the tip of the iceberg in relation to other forms of violence and social disorganization. Violence breeds pathological conditions, and social pathology in turn breeds more violence. Homicidal violence affects the lives of perpetrators as well as victims, the lives of their families, and the life of the community.

In the Meharry Medical College's ongoing study "Profile: Black Male at Risk to Low Life Expectancy," the target group was composed of 502 black males ages 18 to 34; the median age was 25. One group consisted of 167 homicide perpetrators who had been incarcerated in Tennessee for periods of 3 months to 1 year. A second group consisted of 130 assault victims—emergency room patients of two Nashville hospitals—who served as proxies for homicide victims. These people had serious knife or gunshot wounds, and many required intensive care. The third group consisted of 205 non-institutionalized young black males from a random sample of households representing various classes in Nashville.

Via a social background questionnaire of multichoice and open-ended questions, information was obtained on the personal, family, social, and community lives of the subjects. Questions concerned income, residential mobility, recreation patterns, education, personal goals, role models, substance abuse, contact with the law, parental punishment, attitudes toward self, and participation in violent behavior, and so forth. This approach reflects the fact that significant life events or stresses may occur at different stages of growth or awareness. Psychological tests were also given.

A panel of community representatives; clinical, educational, religious, and correctional experts; and political leaders helped analyze data and provided guidance on the project. The "Profile: Black Male at Risk to Low Life Expectancy" that emerges is expected to indicate possible interventions.

Some rapid role changes occurred among approximately 20 percent of the subjects. Some control subjects became prisoners before the data collection stages were completed. However, such role reversals occurred more frequently among the group of assault victims and the prison group. Yet some characteristics differentiating these two groups were identi-

able. Both experimental groups had less education than the controls, had experienced juvenile detentions, and were more likely to carry guns. About 93 percent of the prison group had been in jail at least once before their current incarceration. The assault victims were less likely to carry guns, but 65 percent had been in jail more than once; most reported more contacts with the law, but fewer convictions, than the prison group. Even 51 percent of the control group reported some contact with the law.

The assault victims were injured most frequently in fights and showed a high frequency of psychopathic deviancy. They also showed significant depression, and this result suggests that members of this group might seek suicide in the form of victim-precipitated homicide because they are aggressive, but least likely to carry guns.

Perpetrators experienced similar problems, although their immediate response was to try to justify their own behavior. Most of them contended that the homicide was not their fault; this attitude is carried over at times to the perpetrator's relatives and friends. Families of perpetrators do not receive the social sympathy and support afforded families of victims. In many instances the families of the homicide victims and the perpetrator know one another, and the homicide requires adjustments in the families' relationships. In most homicides the black community loses two potentials, the person killed and the person sent to jail.

Losing a family member at an early age has financial costs in terms of childbearing, childrearing, economic productivity (or the return on society's investment), and the potential for reproduction. Moreover, the nonfinancial costs of homicide may be substantial, manifested in intense family grief, especially in the victim's family.

In the discussion, it was pointed out that children need to participate early in socializing groups to help them develop certain standards of behavior. Researchers should study the schools, churches, and community organizations responsible for socializing black children. The family and schools have lost authority to the courts and to social workers. Parents lack confidence in their ability and question their responsibility as parents.

The participants agreed that descriptive data on black homicides and related variables are insufficient and that further research is needed to establish how normal blacks cope with their problems and grow old. Social scientists need general data on the quality of black life as a standard for assessing deviance.

Toward a Macrocosmic View of Crime in African-American Communities

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An FBI publication listed 13 factors that contribute to crime in the United States, but its authors made only vague references to crushing poverty, racism, and economic privation as possible contributors to the high crime rate in the

United States (1). Research is needed to examine systematically societal institutions, laws, and cultural factors that perpetuate criminality. There is little macrocosmic research on society as a factor that contributes to African-American homicide. Instead, many studies place the burden of criminal behavior on the offenders, rather than on the conditions that victimize them. Congressman John Conyers, in a 1979 article on crime in the African-American community, argued that explanations of black crime in terms of bad genes, defective character, or criminal disposition are simply diversions from the real issue— injustice and inequality in American society (2).

In 7 of the 10 leading causes of death of males in this country, African-Americans have higher rates than whites. Similarly, although homicide is not among the 10 leading causes of death in white males and females, it ranks fifth nationwide among African-American males and ninth among African-American females (3).

Tragically, most public health programs have emphasized secondary and tertiary prevention among Americans in general and African-Americans specifically. ADAMHA Administrator Gerald Klerman has acknowledged the deleterious effects of racism, sexism, and poverty on moral and physical health, but he argued that solving such problems went beyond the mandate of ADAMHA. However, unless these ills are systematically acknowledged, primary prevention will be merely a catch phrase in the epidemiology of homicide. Primary prevention—action—in the following two areas could help address the alarming mortality rate of African-American males.

1. Aggressive legislation to curb the availability of handguns in America. Between 1968 and 1975, handgun-related homicides among African-American males increased 26 percent (2). Few rigorous longitudinal studies have investigated the rate of homicide among African-American males as a function of gun control laws. Research is desperately needed to provide sound data for legislative action on handgun control.

2. Seminar on African-American Relationships (SOAR). African-Americans generally, and males in particular, need structured group experiences to gain an understanding of the impact of racism on themselves and their communities. SOARs can be targeted to groups in high-risk communities where rates of violence are high. From these sessions can arise practical ideas as to what African-American men and women can do together to stem the tide of violence in their communities and foster good interpersonal relationships.

References

1. Kelley, C. M.: *Crime in the United States, 1975*. Uniform Crime Reports. Federal Bureau of Investigation, Washington, D.C., 1975.
2. Conyers, J.: Main solution is national plan correcting economic injustice. *Ebony*, August 1979, pp. 127-128, 130, 132, and 134.
3. National Center for Health Statistics: *Final mortality statistics, 1977*. Division of Vital Statistics, Hyattsville, Md.